

# APPLICATION FOR EVEN START FUNDS MONTANA OFFICE OF PUBLIC INSTRUCTION

## DENISE JUNEAU, SUPERINTENDENT MARCH 2009

### GENERAL PROJECT INFORMATION SHEET

This application for Even Start funds must be completed and signed by the authorized officials. Authorized officials are defined as the following: School Districts: Superintendents; Universities and Colleges: Presidents; Nonprofit: Board Chair. Successful projects are expected to operate up to four years. The information in the application will be used to determine eligibility for awards under Title I, Part B, Subpart 3, of the Elementary and Secondary Education Act, as amended by the No Child Left Behind Act of 2001 (NCLB). Mail the application to: Title I, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501. If assistance is needed, please call the Even Start program at (406)444-5660.

| GENERAL PROJECT INFORMATION SHEET         |                                                                                             |                |           |  |  |  |  |  |
|-------------------------------------------|---------------------------------------------------------------------------------------------|----------------|-----------|--|--|--|--|--|
| Title I, Pa                               | Fiscal Year 2010 (2009-2010)<br>Title I, Part B, Subpart 3, of the NO CHILD LEFT BEHIND ACT |                |           |  |  |  |  |  |
| Check Type of Application 1st             | Year ☐ 5th Year ☐                                                                           | 9th Year       | 12th Year |  |  |  |  |  |
| PROJECT CONTACT PERSON (LOCAL EVI         | EN START COORDINATOR)                                                                       |                |           |  |  |  |  |  |
| Name                                      | Title                                                                                       |                |           |  |  |  |  |  |
| Address                                   | Telep                                                                                       | hone           |           |  |  |  |  |  |
| Fax                                       | E-ma                                                                                        | 1              |           |  |  |  |  |  |
| Subgrantee                                |                                                                                             |                |           |  |  |  |  |  |
| Name of school district or nonprofit when | ich will serve as fiscal agent                                                              |                |           |  |  |  |  |  |
| AUTHORIZED REPRESENTATIVE AND DATE        |                                                                                             |                |           |  |  |  |  |  |
| Signature—Chief Executive Officer/S       | uperintendent/Board of Truste                                                               | es Chairperson |           |  |  |  |  |  |
| Name                                      | Title                                                                                       |                |           |  |  |  |  |  |
| Address                                   | Telep                                                                                       | hone           |           |  |  |  |  |  |
| Fax                                       | E-ma                                                                                        | 1              |           |  |  |  |  |  |
| PARTNER AGENCY AND DATE                   |                                                                                             |                |           |  |  |  |  |  |
| Signature—Chief Executive Officer/S       | uperintendent/Board of Truste                                                               | es Chairperson |           |  |  |  |  |  |
| Agency Name                               |                                                                                             |                |           |  |  |  |  |  |
| Contact Person                            | Title                                                                                       |                |           |  |  |  |  |  |
| Address                                   | Telep                                                                                       | hone           |           |  |  |  |  |  |
| Fax                                       | E-ma                                                                                        | 1              |           |  |  |  |  |  |

### COMPLETE ONE SECTION BELOW-NOT BOTH.

### **CERTIFICATION FOR A SCHOOL DISTRICT AS APPLICANT**

|    | Signature—Chairperson of the District                                                                                                                                            |                                                                      | Date                                                           | District No.                 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|------------------------------|
| 1. | The Board of Trustees of the applicant schoo                                                                                                                                     | l district has authorized                                            |                                                                |                              |
|    | to file an Even Start application for the district<br>der the provisions of Title I, Part B, Subpart 3                                                                           | , to make representations and to                                     |                                                                | on behalf of the district un |
| 2. | The Board of Trustees agrees thatagent for the project.                                                                                                                          | School District                                                      | is designated t                                                | he administrative and fisca  |
| 3. | The Board of Trustees has designated the foll project:                                                                                                                           | lowing person as the one respo                                       | onsible for keeping th                                         | e financial records for this |
|    | Name of Person                                                                                                                                                                   | Address                                                              |                                                                |                              |
|    | The above-named person is (check one):                                                                                                                                           |                                                                      |                                                                |                              |
|    | Clerk of the School District                                                                                                                                                     | Office Telephone No                                                  |                                                                |                              |
|    | Certified Public Accountant                                                                                                                                                      | Home Telephone No                                                    |                                                                |                              |
|    | Other (please specify)                                                                                                                                                           |                                                                      |                                                                |                              |
| ļ. | The Board of Trustees has reviewed this application. Further, the undersigned hereby ances to the Montana Office of Public Instruct with current federal law and regulations and | certifies that the information in ion will be executed as applica    | this application is coble and Even Start pr                    | orrect and complete. Assu    |
|    | Signature—Chairperson of the Governing B                                                                                                                                         | oard                                                                 | Date                                                           |                              |
|    | The Governing Board of the applicant organi                                                                                                                                      | zation has authorized                                                |                                                                |                              |
|    | to file an Even Start application for the organ organization under the provisions of Title I, P by the NCLB.                                                                     | ization, to make representation art B, Subpart 3, of the Element     | Name of Authoriz<br>ns and to make comm<br>ntary and Secondary | nitments on behalf of the    |
|    | The Governing Board agrees thatagent for the project.                                                                                                                            | Name of Organization                                                 | is designated t                                                | he administrative and fisc   |
| ١. | The Governing Board has designated the foll project:                                                                                                                             |                                                                      | nsible for keeping th                                          | e financial records for this |
|    | Name of Person The above-named person is (check one):                                                                                                                            | Addre                                                                | ss                                                             |                              |
|    | Fiscal Officer                                                                                                                                                                   | Office Telephone No                                                  |                                                                |                              |
|    | Certified Public Accountant                                                                                                                                                      | Home Telephone No                                                    |                                                                |                              |
|    | Other (please specify)                                                                                                                                                           |                                                                      |                                                                |                              |
| ١. | The Governing Board has reviewed this appl struction. Further, the undersigned hereby cert to the Montana Office of Public Instruction w                                         | tifies that the information in this ill be executed as applicable ar | s application is corrected<br>ad Even Start project            | t and complete. Assurance    |
|    | current federal law and regulations and the pr                                                                                                                                   | rovisions of this application as                                     | approved.                                                      |                              |

### ASSURANCES

#### Signature—Superintendent of School, University President or Board Chair of Nonprofit Date

- 1. Applicant may be asked to clarify or revise certain aspects of their proposal. Grantee will receive an award letter from the Montana Office of Public Instruction that specifies the amount of the award.
- 2. Applicant must provide assurances required by the Montana Office of Public Instruction.
- 3. Applicant must enter into a legal agreement to provide proposed services with the Montana Office of Public Instruction.
- 4. Applicant must comply with all reporting requirements and other policy mandates that may be issued relating to the quality administration of an Even Start project and, as necessary, for the state to perform its responsibilities.
- 5. The program coordinator must participate in statewide Even Start meetings (including the Montana Family Literacy Consortium) and other staff development. The program staff must participate in annual statewide Even Start meetings.
- 6. Applicant is required to participate in the National Center for Family Literacy (NCFL) Foundation's Family Literacy training offered in the local communities in the first six months of operation. New staff members of all programs must participate in the same state training within the first six months of employment.
- 7. Applicant must cooperate with all national and state project evaluation requirements and shall budget adequate funds for such purposes. The applicant's budget must also include funds to conduct an independent evaluation of the local project.
- 8. Applicant project must be of sufficient size, scope, and quality to give reasonable promise of meeting the purposes of Even Start. Center-based programs must provide all four components under one roof (two classrooms minimum).
- 9. Applicant's plan shall remain in effect for the duration of the eligible entity's participation in the program and it is required that the plan will be periodically reviewed and revised by the eligible entity, as necessary.
- 10. Grantee must use funds exclusively for the purposes stated in the approved proposal and must be expended in accordance with the approved budget and the grantee's policies and procedures related to such expenditures. Grantee must only expend funds for activities occurring during the grant period. Programs must set aside 10 percent of grant funds for professional development (5 percent) and transportation (5 percent). Transportation funds are used to <u>transport families to the program</u>, staff members to home visits, and staff members to professional development activities.
- 11. Staff qualifications for existing programs. Current staff whose salaries are paid, in whole or in part, with Even Start funds, the applicant ensures that the:
  - majority of the staff providing academic instruction should have graduate degree related to early childhood education, elementary or high school education, or adult education degree and hold the appropriate state licensure.
  - program director and the program coordinator receive training in the operation of a family literacy program.
  - paraprofessionals who provide support for academic instruction have a high school diploma or its recognized equivalent. Staff qualifications for new program's staff or new staff hired to programs that provide academic instruction to programs possess:
  - an associate's, bachelor's or graduate degree in a field related to early childhood education, elementary or high school education, or adult education and obtain the appropriate state licensure.
- 12. Applicant will ensure that the instructional components of this program will be based on scientifically based reading research (as defined in section 1208 of the ESEA) and the prevention of reading difficulties for children and adults to the extent such research is available.
- 13. Applicant will ensure that early childhood services for infants, toddlers, and/or preschoolers, provided in group settings, will be conducted in facilities licensed by DPHHS.
- 14. All grantees are required to run an enrichment and instructional program during the summer months.
- 15. Grantees are required to submit the following reports to the Office of Public Instruction:
  - a. Mid-Year Progress Report
  - b. Continuation Application End-of-Year Report
  - c. Expenditure Reports
  - d. Independent Project Evaluation Report, if applicable

In addition, program data must be provided annually to the federal Even Start evaluation contractor.

### PROGRAM GUIDELINES

### **APPLICATION ORDER:**

Applications must be collated in the following order:

#### COVER PAGE

#### CERTIFICATION PAGE

#### ASSURANCES

Sign, date and include the required assurance (enclosed). [page 3]

### TABLE OF CONTENTS (FORM A)

### Abstract (Form B)

Complete Abstract Form and limit to two pages.

### Performance Indicator Outcomes (25 points)

Provide Even Start census data for the past three years and a narrative stating progress toward goals and objectives to date if you have had previous Federal Even Start Funding (required). If your program resides in two different locations, describe the outcomes in the narrative for each site/service area, limited to three pages. Use the template on page 5.

### Intensity and Duration of Services (Form C, 5 points)

The program must be of sufficient intensity to create a substantial impact on the family. The Montana Office of Public Instruction requires a minimum of 60 hours of adult education per month, 20 hours of parenting education [parenting, Parent and Child Together (PACT) time, and home visit] per month and 65 hours of early childhood education (60 hours for children ages birth-age 2) per month. Document your program's intensity and duration of services by completing the Sufficient Intensity and Duration of Services Information (use Form C). Complete one Form C for the regular program, and one Form C for the summer program.

### TIME SCHEDULE AND SERVICE PROVIDER (FORM D, 5 POINTS)

Complete the form reflecting the proposed schedule of services offered daily, and the location of each service, for the period of a week for each major program component (PACT activities, parent education, adult education and childhood education), home visits (a minimum of one home visit a month per family is required), and weekly staff planning meeting. Center-based programs must provide all four components under one roof (two classrooms). The chart should include the proposed service, provider, location, schedule (days/hours). The chart should include opportunities for joint participation by children and parents. **Families must participate in all program components.** Assume an enrolled family would be able to use the chart. Complete the Time Schedule and Service Provider Form (use Form D). Complete one Form D for the regular program and one Form D for the summer program. Existing programs must provide a copy of Montana DPHHS childcare facility license.

### PROJECT NARRATIVE BEGINS

(Narrative is limited to 15 pages. Completed Assurance Form Appendix Forms A-G and Performance Indicator Outcomes are not included in the 15-page count.)

### Existing Programs Only Progress Toward Program Indicators

Please delete the state's data and replace with data from your program. Estimate data for 2009-2010 based on data from the 2008-2009 Mid-Year Report. Provision of a narrative stating qualitative progress is an option. Form should not exceed three pages.

| Montana Performance Indicators       | 2008-2009<br>FY 2005<br>N/% | 2007-2008<br>FY 2006<br>N/% | 2008-2009<br>FY 2007<br>N/% |
|--------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Families Served                      | 199                         | 1470                        | 1476                        |
| Adults Served                        | 209                         |                             |                             |
| Parenting Improvement                | 159/209                     |                             |                             |
| g                                    | (76%)                       |                             |                             |
| GEDs Earned                          | 21/78                       |                             |                             |
|                                      | (39%)                       |                             |                             |
| Reading Gains                        | 34/47                       |                             |                             |
|                                      | (72%)                       |                             |                             |
| Math Gains                           | 19/25                       |                             |                             |
|                                      | (88%)                       |                             |                             |
| ESL Gains                            | 7/8                         |                             |                             |
|                                      | (88%)                       |                             |                             |
| Participation Rate (70%)             | (68%)                       |                             |                             |
| Teen Parents Served                  |                             |                             |                             |
| High School Diplomas Earned          | 9/23 (39%)                  |                             |                             |
| Parenting Improvement                |                             |                             |                             |
| Children Age 0-2 Years               | 147                         |                             |                             |
| Language and Cognitive Gains         | 114/140                     |                             |                             |
| (90%)                                | (80.7 %)                    |                             |                             |
| Participation Rate                   | 80/140                      |                             |                             |
| (90%)                                | (57.1%)                     |                             |                             |
| Children 3-5 Years                   | 104                         |                             |                             |
| Language Development and Literacy    | 16/30                       |                             |                             |
| (80%)                                | (53.3%)                     |                             |                             |
| Children Age 6-7 Years               | 61                          |                             |                             |
| At or Above Grade Level              | 27/61                       |                             |                             |
|                                      | (44%)                       |                             |                             |
| Attendance At or Above Building Rate | 11/14                       |                             |                             |
| (80%)                                | (78.6%)                     |                             |                             |
| Reading Readiness/Reading Skills     | 23/23                       |                             |                             |
| (60%)                                | (100%)                      |                             |                             |
| Promoted to Next Grade Level         | 21/21                       |                             |                             |
| (75%)                                | (100%)                      |                             |                             |

### PLANNING TEAM AND THEIR INVOLVEMENT (5 POINTS)

- Describe how the school district, co-applicant, and each of the other entities were involved in the planning and writing of this proposal.
- Describe how the school district, co-applicant, and each of the other entities will be involved in the implementation of this project.

### STATEMENT OF DEMONSTRATED NEED (FORM E) (10 POINTS)

- Complete the Demographic Information Form, (Form E, 8 points).
- Include any additional information that will illustrate need (2 points). (An additional 10 priority points are possible.)

### PROGRAM DESIGN

### COLLABORATION AND COORDINATION (MOA AND FORM F) (20 POINTS)

This section addresses the degree of agency and program collaboration initiated and proposed in order to create and implement the Even Start Family Literacy project. Describe how the partnership will build on the existing services of the community to develop a new range of services to families most in need in terms of poverty and illiteracy. Responses must include the following:

- Give evidence that the applicant has conducted a survey of all relevant providers and is fully aware of similar and related services being provided to eligible children and adults.
- There is no standard format for the Memorandum of Agreement (MOA). The applicant must create one. Include a copy of the MOA between two partners outlining the respective roles. The MOA should include a description of services each partner will offer, state the length of the agreement, clarify the roles of each partner, identify the fiscal arrangement and sources of funding, and agree in writing to any required assurances and authorizations. The MOA must be signed by the same two parties that signed the application cover page one.
- Include a copy of the firm agreement(s) (Form F) made in planning the project schools and various community organizations for the specific cooperative activities. They should include specific information delineating the role and responsibilities to be carried out by the collaboration agency(ies). You need an agreement with Head Start and Adult Basic Education providers, and must include their willingness to collect and share student's data on Even Start student's cooperative services. Include one form for each agency using Interagency Collaboration, Letter of Agreement (Form F).

Coordination must exist with programs funded under the Elementary and Secondary Education Act, the Adult Education and Family Literacy Act, the Individuals with Disabilities Education Act, Title I of the Workforce Investment Act of 1998, Head Start, Stewart B. McKinney Homeless Assistance Act, volunteer literacy, and other relevant programs.

### STAFF QUALIFICATIONS (5 POINTS)

Indicate that all individuals who will provide academic instruction to children and adults have obtained an associate, a bachelor's, or a graduate degree in a field related to early childhood education, elementary or high school education or adult education.

Provide evidence that teachers who provide academic instruction to school-age children have obtained a Montana Teacher Licensure in elementary or high school education.

Provide evidence (e.g., one-page resumes and/or one-page biographical descriptions) of staff qualifications and/or criteria for selection of staff (for positions not yet filled), to deliver proposed comprehensive services.

### STAFF DEVELOPMENT (5 POINTS)

Describe the staff development plan necessary to assure staff members (including childcare staff) develop the skills necessary to work with parents and young children in a full range of integrated educational services. Identify special needs of staff that the plan will address, how those were determined, and how effectiveness of staff development will be evaluated. Programs must set aside 10 percent of grant funds for professional development (5 percent) and transportation (5 percent). Transportation funds are used to <u>transport families</u> to the <u>program</u>, staff members to home visits, and staff members to professional development activities.

The program director and program coordinator must receive training in the NCFL Foundations in Family Literacy training. All new staff members must receive the NCFL Foundation's training within six months of employment. Upon award, this training will be delivered on site for all staff members within six months.

### COMPLIMENTARY SERVICE DELIVERY METHOD (5 POINTS)

Complete one section below.

If you are a center-based program, answer question "a" or if you are a home-based program, answer question "b."

a. Center-based programs—Programs must provide one two-hour home visit to each enrolled family once a month. Describe the teaching activities you would use in each of the four components on a typical home visit.

OR

b. Home-based programs—Each home visit must be at least two hours in length. Describe your plan for moving families into periodic center-based activities.

### SCIENTIFICALLY BASED READING RESEARCH (5 POINTS)

Tell which best practices from scientifically based reading research for adults you intend to use in your program. (For example: Teaching vocabulary in the context of family/workplace may be more effective than teaching vocabulary without a grounded context.)

Tell which reading readiness activities from scientifically based reading research you will use with preschoolage children in your program. (For example: Frequent interaction with adults, especially their parents, is important in a child's verbal skills.)

Tell which best practices from scientifically based reading research for school-age children you intend to use in your program. (For example: School-age children need 70 hours of direct phonemic awareness instruction to improve their reading.)

Tell which best practices from scientifically based reading research for parent education you intend to use with parents in your program. (For example: Home-based literacy activities are important to children's language and literacy development.)

Tell which best practices from scientifically based reading research are intended to be used with parents and children in PACT activities in your program. (For example: The most important support parents need to facilitate meaningful parent-child interactions is the time parents set aside.)

### YEAR-ROUND SERVICES (5 POINTS)

Even Start programs are required to operate on a year-round basis. Services provided during the summer program can be less intensive than services provided during the regular program. Minimally the summer program must include instructional and enrichment services. Tell how many weeks per year your regular program will provide services. Tell how many weeks per year your summer program will provide services.

If your summer program differs from your regular program, tell how it differs. Describe the instructional and enrichment services offered to all children in the family (including school-age children) during the summer program.

### PROGRAM FLEXIBILITY (5 POINTS)

Explain how your program will accommodate participants' work schedules and other responsibilities. Explain how you will use a timeline to assure that each family achieves each Montana Even Start Performance Indicator.

### IDENTIFICATION, RECRUITMENT, AND SCREENING (5 POINTS)

Describe how your program will identify, recruit, and screen families most in need of services provided by the Even Start Family Literacy program, as indicated by high levels of poverty, free and reduced lunch rates, illiteracy, unemployment, homelessness, limited English language proficiency, domestic violence, handicapping conditions, parents receiving assistance, and other need-related indicators. Screening should include testing and referral to appropriate counseling and other developmental support and related services to enable such parents to participate fully in the educational activities and services provided.

### **SUPPORT SERVICES (5 POINTS)**

Describe the strategies that will be used to retain families in the program for a sufficient duration (over time) to meet their program goals (retention). Include the integration of services that meet the individual needs of all students, children, and adults that are culturally relevant, designed to accommodate persons with disabilities, and are supportive of nontraditional roles.

- provide early childhood services for at least a three-year age range, which may begin at birth;
- provide childcare for the period of time parents are involved in the program (when unavailable from other sources);
- provide transportation to enable parents and children to participate in the program (when unavailable from other sources), and five percent of the budget must be set aside for transportation; and
- provide ongoing support strategies such as referral to appropriate counseling and other developmental support and related services that will enable families to participate fully in the activities and services provided for a sufficient period of time to achieve goals.

### EVALUATION (5 POINTS)

Describe the plan for a rigorous and objective independent local evaluation based on the Montana Performance Indicators and how the evaluation information will be used to improve quality of services to project participants (use of data for program improvement). Previously funded projects should highlight findings from recent evaluations and discuss plans for project improvement based on these findings.

### BUDGET (10 POINTS)

The narrative in this section will indicate how funds are assigned and how expenditures relate to the project goals and objectives. The costs must be reasonable in relationship to the expected outcomes. The narrative must provide sufficient information to support requested amount of funds. A set-aside of 10 percent must be allocated for professional development (five percent) and transportation (five percent). Complete the Budget Form (use Form G). Every dollar in Form G must be accounted for (local/federal) somewhere in the 15 pages of narrative. (Tip: Points will be subtracted for any surprises.)

Detail the local share (nonfederal share) of dollars contributing to the proposed project. The in-kind services that contribute to the local share must be converted into dollar amounts. Local share (contributions) may include equipment, supplies, space, salaries, services, etc. The local share must not exceed the amount requested in federal dollars. See RFP for instructions on how to calculate annual total budget (federal and local share).

Part of an Even Start project's responsibility as a grantee is cooperation with the national evaluation of Even Start. Additionally, Even Start legislation mandates an independent annual, outcome-oriented evaluation of local Even Start programs. As a result, all Even Start grants should allow sufficient funds for projects to conduct an independent local evaluation (at least \$5,000).

### FORM A

### TABLE OF CONTENTS FOR PROPOSAL

**Instructions:** Your proposal should be in the following order. In the right-hand column insert the appropriate page numbers. You may use this page as a final review as you assemble your proposal. All forms should be returned with the proposal. Use the left-hand column to insure your proposal is complete.

| Completed ✓ |                                                                 | Page Numbers |
|-------------|-----------------------------------------------------------------|--------------|
|             | General Project Information                                     |              |
|             | Certification Page                                              |              |
|             | Signed Assurances                                               |              |
|             | Table of Contents (Form A)                                      |              |
|             | Abstract (Form B)                                               |              |
|             | Performance Indicator Outcomes for Existing Even Start Programs |              |
|             | (Narrative and Census Information)                              |              |
|             | Intensity and Duration of Service (Form C)                      |              |
|             | Service Provider and Time Schedule (Form D—Montana              |              |
|             | DPHHS Childcare Facility License)                               |              |
|             | Planning Team and Their Involvement (Narrative)                 |              |
|             | Statement of Demonstrated Need (Form E)                         |              |
|             | Collaboration and Coordination (MOA and Form F)                 |              |
|             | Staff Qualifications (Narrative)                                |              |
|             | Staff Development (Narrative)                                   |              |
|             | Complimentary Service Delivery Method (Narrative)               |              |
|             | Scientifically Based Reading Research (Narrative)               |              |
|             | Year-Round Services (Narrative and Forms C & D)                 |              |
|             | Program Flexibility (Narrative)                                 |              |
|             | Identification, Recruitment, and Screening (Narrative)          |              |
|             | Support Services (Narrative)                                    |              |
|             | Evaluation (Narrative)                                          |              |
|             | Budget (Narrative and Form G)                                   |              |
|             | Appendix                                                        |              |
|             | Interagency Agreements (Form F)                                 |              |
|             | Other                                                           |              |
|             |                                                                 |              |
|             |                                                                 |              |
|             |                                                                 |              |

### FORM B

| Agency Name:                                                                                    |
|-------------------------------------------------------------------------------------------------|
| Project Director:                                                                               |
| Applicant Organization(s): (Describe the community to be served and its needs.)                 |
| Total Project Funds Requested for 2009-2010:                                                    |
| Target Population: See Part C Eligible Participants, page 2.                                    |
| Geographic Boundaries and Specific Sites to be Targeted:                                        |
| Program Goals:                                                                                  |
|                                                                                                 |
|                                                                                                 |
|                                                                                                 |
|                                                                                                 |
|                                                                                                 |
| <b>Project Design:</b> (Give a brief description of the overall design or plan of the project.) |
|                                                                                                 |
|                                                                                                 |
|                                                                                                 |
|                                                                                                 |
| Describe the Needs Assessment:                                                                  |
| Describe the rectus Assessment.                                                                 |
|                                                                                                 |
|                                                                                                 |

### FORM C

### REGULAR YEAR

# SUFFICIENT INTENSITY (IN TERMS OF HOURS) AND DURATION OF SERVICE (OVER-TIME) 2.5 POINTS

| Applicant:      | <br> | <br> |  |
|-----------------|------|------|--|
|                 |      |      |  |
| Program Title:_ | <br> | <br> |  |

| Component/Activity                        | Location | Hours<br>Per<br>Week | Hours<br>Per<br>Month | Months<br>Per<br>Year | Total<br>Hours<br>Per<br>Year | ES<br>Grant<br>Funded**<br>(yes/no) | Responsible<br>Agent |
|-------------------------------------------|----------|----------------------|-----------------------|-----------------------|-------------------------------|-------------------------------------|----------------------|
| Adult Education                           |          |                      |                       |                       |                               |                                     |                      |
| Early Childhood                           |          |                      |                       |                       |                               |                                     |                      |
| Parenting Education                       |          |                      |                       |                       |                               |                                     |                      |
| Parent and Child Together (PACT) Time     |          |                      |                       |                       |                               |                                     |                      |
| Home Visitation                           |          |                      |                       |                       |                               |                                     |                      |
| Staff Meeting (For all staff AE, CE & PE) |          |                      |                       |                       |                               |                                     |                      |
| Other                                     |          |                      |                       |                       |                               |                                     |                      |
| TOTAL:                                    |          |                      | *                     |                       | *                             |                                     | *                    |

<sup>\*</sup>Do not total these columns.

<sup>\*\*</sup>If funding is derived from Even Start, enter yes; if no, provide funding source, e.g., Adult Basic Education or Head Start.

### FORM C

# SUMMER ONLY SUFFICIENT INTENSITY AND DURATION OF SERVICE 2.5 POINTS

| Applicant:      | <br> | <br> |  |
|-----------------|------|------|--|
|                 |      |      |  |
| Program Title:_ |      | <br> |  |

| Component/Activity                    | Location | Hours<br>Per<br>Week | Hours<br>Per<br>Month | Months<br>Per<br>Year | Total<br>Hours<br>Per<br>Year | ES<br>Grant<br>Funded**<br>(yes/no) | Responsible<br>Agent |
|---------------------------------------|----------|----------------------|-----------------------|-----------------------|-------------------------------|-------------------------------------|----------------------|
| Adult Education                       |          |                      |                       |                       |                               |                                     |                      |
| Early Childhood                       |          |                      |                       |                       |                               |                                     |                      |
| Parenting Education                   |          |                      |                       |                       |                               |                                     |                      |
| Parent and Child Together (PACT) Time |          |                      |                       |                       |                               |                                     |                      |
| Home Visitation                       |          |                      |                       |                       |                               |                                     |                      |
| Staff Meeting (For AE, CE, PE staff)  |          |                      |                       |                       |                               |                                     |                      |
| Other                                 |          |                      |                       |                       |                               |                                     |                      |
| TOTAL:                                |          |                      | *                     |                       | *                             |                                     | *                    |

<sup>\*</sup>Do not total these columns.

<sup>\*\*</sup>If funding is derived from Even Start, enter yes; if no, provide funding source, e.g., Adult Basic Education or Head Start.

### FORM D

# SCHOOL YEAR PROGRAM TIME SCHEDULE AND SERVICE PROVIDER

| Applicant:     |  | <br> |  |
|----------------|--|------|--|
|                |  |      |  |
| Program Title: |  |      |  |

| Component/Activity                       | Service<br>Provider and<br>Location | Time<br>of Day<br>Monday<br>(e.g., 8:00-1:00) | Time<br>of Day<br>Tuesday | Time<br>of Day<br>Wednesday | Time<br>of Day<br>Thursday | Time<br>of Day<br>Friday |
|------------------------------------------|-------------------------------------|-----------------------------------------------|---------------------------|-----------------------------|----------------------------|--------------------------|
| Adult Basic Education                    |                                     |                                               |                           |                             |                            |                          |
| Early Childhood                          |                                     |                                               |                           |                             |                            |                          |
| Parenting Education                      |                                     |                                               |                           |                             |                            |                          |
| Parent and Child Together (PACT) Time    |                                     |                                               |                           |                             |                            |                          |
| Home Visitation                          |                                     |                                               |                           |                             |                            |                          |
| All Staff Meeting For AE, CE & PE staff) |                                     |                                               |                           |                             |                            |                          |
| Other                                    |                                     |                                               |                           |                             |                            |                          |
| TOTAL:                                   |                                     |                                               |                           |                             |                            |                          |

### Form D

# SUMMER PROGRAM TIME SCHEDULE AND SERICE PROVIDER

| Applicant:      | <br> | <br> |  |
|-----------------|------|------|--|
|                 |      |      |  |
| Program Title:_ |      |      |  |

| Component/Activity                       | Service<br>Provider and<br>Location | Time<br>of Day<br>Monday<br>(e.g., 8:00-1:00) | Time<br>of Day<br>Tuesday | Time<br>of Day<br>Wednesday | Time<br>of Day<br>Thursday | Time<br>of Day<br>Friday |
|------------------------------------------|-------------------------------------|-----------------------------------------------|---------------------------|-----------------------------|----------------------------|--------------------------|
| Adult Basic Education                    |                                     |                                               |                           |                             |                            |                          |
| Early Childhood                          |                                     |                                               |                           |                             |                            |                          |
| Parenting Education                      |                                     |                                               |                           |                             |                            |                          |
| Parent and Child Together (PACT) Time    |                                     |                                               |                           |                             |                            |                          |
| Home Visitation                          |                                     |                                               |                           |                             |                            |                          |
| All Staff Meeting For AE, CE & PE staff) |                                     |                                               |                           |                             |                            |                          |
| Other                                    |                                     |                                               |                           |                             |                            |                          |
| TOTAL:                                   |                                     |                                               |                           |                             |                            |                          |

### FORM E

### **D**EMOGRAPHIC INFORMATION

(Limited to two pages.)

| A. | Identify the major demographic changes in the community within the last 3-5 years that have had an impact on the student population, e.g., community income levels, unemployment rates, waiting lists for services, and other indicators of need. |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| В. | Describe the population to be served.                                                                                                                                                                                                             |
| C. | Identify the number of families to participate full-time in proposed project per year (concurrently)                                                                                                                                              |
| D. | Tell how you know that the families you identified will participate in the program. Give data to indicate availability of the reported number of families to participate full-time in the proposed project.                                       |
| E. | Identify the number and age range (birth through age seven years) of children to participate in the proposed project.                                                                                                                             |
| F. | Identify the number of adults who will participate in adult education for more than four months                                                                                                                                                   |
| G. | Include any other information that will illustrate need (2 of 10 points).                                                                                                                                                                         |
|    |                                                                                                                                                                                                                                                   |

### FORM F

### Interagency Collaboration Memorandum of Agreement

| proposal for the                                                                                 |                                                                                                                                                    |  |  |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| proposarior the                                                                                  | (name of program) program. This program with                                                                                                       |  |  |
|                                                                                                  |                                                                                                                                                    |  |  |
| (brief information about program).                                                               |                                                                                                                                                    |  |  |
| As we have previously discussed, we would like for the following services for fiscal years 2009. | te to enter into a collaborative agreement with your agency -2013.                                                                                 |  |  |
|                                                                                                  | proposing agency for this application, the number of people period, methods to be used to ensure outreach to diverse s,* etc.)                     |  |  |
|                                                                                                  |                                                                                                                                                    |  |  |
|                                                                                                  | y the collaborating agency for this application, the number ivity, time period and cost, methods to be used to ensure appropriate services,* etc.) |  |  |
|                                                                                                  |                                                                                                                                                    |  |  |
|                                                                                                  |                                                                                                                                                    |  |  |
| Thank you for your support.                                                                      |                                                                                                                                                    |  |  |
| main you for your support.                                                                       |                                                                                                                                                    |  |  |
| PROPOSING AGENCY                                                                                 | COLLABORATING AGENCY                                                                                                                               |  |  |
| PROPOSING AGENCY                                                                                 |                                                                                                                                                    |  |  |
| PROPOSING AGENCY  Name:                                                                          |                                                                                                                                                    |  |  |
| PROPOSING AGENCY  Name: Title:                                                                   | Name:<br>Title:                                                                                                                                    |  |  |
| PROPOSING AGENCY  Name: Title:                                                                   |                                                                                                                                                    |  |  |
|                                                                                                  | Name:<br>Title:                                                                                                                                    |  |  |
| PROPOSING AGENCY  Name: Title:                                                                   | Name:<br>Title:                                                                                                                                    |  |  |

<sup>\*</sup>This is not to be used with partnership agency. An MOA is required between the two partners on page 1.

### FORM G

### FISCAL YEAR 2009-2010 BUDGET

|               | (Indirect Costs Are Not Allowed |
|---------------|---------------------------------|
| Grantee Name: |                                 |

Project Title:

| Descriptions                                  | Local Budget | Federal Budget |
|-----------------------------------------------|--------------|----------------|
| Administration/Supervisor Salaries/Wages      |              |                |
| Teachers Salaries/Wages                       |              |                |
| Education Aides Salaries/Wages                |              |                |
| Tutors Salaries/Wages                         |              |                |
| Clerical Salaries/Wages                       |              |                |
| Others                                        |              |                |
| Benefits                                      |              |                |
| Contracted Services                           |              |                |
| Other Purchased Services                      |              |                |
| Professional Development (5%)                 |              |                |
| Rent/Building Fees (see page 20)              |              |                |
| Communications (Phone and Postage)            |              | +              |
| Administrative Supplies                       |              |                |
| Field Trips                                   |              |                |
| Parent Activities                             |              |                |
| Adult Instructional Materials                 |              |                |
| Child Instructional Materials (i.e., library) |              |                |
|                                               |              |                |
| Transportation (5%)                           |              |                |
| Equipment                                     |              |                |
| Other                                         |              |                |
| TOTAL                                         |              |                |

### **BUDGET DESCRIPTION DEFINITIONS**

(INDIRECT COSTS ARE NOT ALLOWED)

#### ADMINISTRATOR/SUPERVISOR SALARIES/WAGES

Amounts paid to administrative employees of the grantee not involved in providing direct services to pupils/clients. Include all gross salary payments for these individuals while they are on the grantee payroll including overtime salaries or salaries paid to employees of a temporary nature.

#### TEACHERS SALARIES/WAGES

Salaries for employees providing direct instruction/counseling to pupils/clients. This category is used for both counselors and teachers. Include all salaries for these individuals while they are on the grantee payroll including overtime salaries or salaries of temporary employees. Substitute teachers or teachers hired on a temporary basis to perform work in positions of either a temporary or permanent nature are also reported here. Tutors or individuals whose services are acquired through a contract are not included in the category. A general rule of thumb is that a person for whom the grantee is paying employee benefits and who is on the grantee payroll is included; a person who is paid a fee with no grantee obligation for benefits is not.

#### EDUCATION AIDES SALARIES/WAGES

Salaries for grantee employees who assist staff in providing classroom instruction. Include all gross salaries for these individuals while they are on the grantee payroll including overtime salaries or salaries of temporary employees.

### TUTORS (INSTRUCTIONAL NON-PAYROLL SERVICES)

Payments for services performed by qualified persons directly engaged in providing learning experiences for students. Include the services of teachers and teachers' aides who are not on the payroll of the grantee.

### CLERICAL SALARIES/WAGES

Salaries for grantee employees performing clerical/secretarial services. Include all gross salaries for these individuals while they are on the grantee payroll including overtime salaries or salaries of temporary employees.

### OTHER SALARIES/WAGES

Salaries for any other grantee employee not fitting into the above categories. Include the gross salaries for these individuals including overtime salaries or temporary employees. Included can be janitorial personnel costs, grant activity coordinators' salaries, and food service personnel.

#### BENEFITS

Amounts paid by the grantee on behalf of the employees whose salaries are reported in categories above. These amounts are not included in the gross salary, but are in addition to that amount. Such payments are fringe benefit payments and, while not paid directly to employees, nevertheless are part of the cost of personal services. Included are the employer's cost of group insurance, social security contribution, retirement contribution, tuition reimbursement, unemployment compensation, and worker's compensation insurance.

### CONTRACTED SERVICES (NON-PAYROLL SERVICES)

Expense for certified or licensed individuals who are not on the grantee payroll and who assist in solving pupils' mental and physical problems. This category includes medical doctors, therapists, audiologists, neurologists, psychologists, psychiatrists, contracted guidance counselors, etc. Contracted Services also include services for program evaluation.

#### OTHER PURCHASED SERVICES

All other payments for services rendered by organizations or personnel not on the grantee payroll. These include: insurance costs (other than employee benefits), payments for all types of insurance coverage including property, liability, and fidelity; printing and binding, publication costs, advertising, (announcements in professional publications, newspapers or broadcasts over radio or television including personnel recruitment, legal ads, and the purchase and sale of property).

### PROFESSIONAL DEVELOPMENT (5 percent of grant funds)

Payments for services performed by persons qualified to assist teachers and supervisors to enhance the quality of the teaching process. This category includes curriculum consultants, inservice training specialists who are not on the grantee payroll, conference registration fees, etc.

#### BUILDING RENT/LEASE COSTS

Expenditures for services to operate, repair, maintain, and rent property owned and/or used by the grantee. The local budget/in-kind must pay a percentage of the rent. Examples: program in second year of funding must pay 20 percent of rent with local/in-kind funds; program in seventh year of funding must pay 50 percent of rent with local/in-kind funds. Rental/Lease costs may only be changed or claimed at the fair market rental costs, refer to Building Rental/Lease Cost Guidance on Even Start Web page at www.opi.mt.gov.

#### Communication

Payments for services provided by persons or businesses to assist in transmitting and receiving messages or information. This category includes telephone, e-mail and fax services, as well as postage machine rental and postage.

#### Administrative Supplies

Expenditures for consumable items directly related to program administrative (non-instructional) activities.

#### FIELD TRIPS

Costs incurred for conducting <u>educational</u> activities off site. Includes admission costs to educational centers, fees for tour guides, etc., must be tied into an instructional component.

#### PARENTAL ACTIVITIES

Expenditures related to services for parenting including workshop presenters, counseling services, babysitting services, and overall seminar/workshop costs.

#### Adult Instructional Materials

Expenditures for consumable items purchased for instructional use.

#### CHILD INSTRUCTIONAL MATERIALS

Expenditures for library books that are purchased for use by the program library and for distribution to families.

### **TRANSPORTATION** (5 percent of grant funds)

Expenditures for transporting parents and pupils to and from school and other activities. Included are such items as bus rentals for field trips, bus passes, and payments to drivers for transporting handicapped children. Also included are expenditures for transportation, meals, hotel, and other expenses for out-of-state/in-state professional development activities and meetings. Per diem payments to staff in lieu of reimbursement for subsistence (room and board) are also included.

### **EQUIPMENT**

Equipment expenditures over \$5,000 must be approved.

#### **O**THER

All other expenditures.

The Office of Public Instruction is committed to equal employment opportunity and non-discriminatory access to all our programs and services.

For information or to file a complaint, contact Tom Antonick, OPI Title IX/EEO Coordinator at (406) 444-3161 or tantonick@mt.gov.